

# RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/538,048, Docket Number UEL-036-PCT

Transmittal Form for After Final Amendment - 1 Sheet  
 Corrected and revised Declaration and Power of Attorney 3 Sheets  
 Copy of original Declaration and Power of Attorney 3 Sheets  
 Certificate of Mailing by "Express Mail" 1 Sheet  
 Change of Correspondence Address 1 Sheet

September 2, 2009



EH 033516273 US



Mailing Label  
 Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$	
Mo. Day Year	Month Day	COD Fee \$	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials	
lbs. ozs.	Int'l Alpha Country Code		

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

## CUSTOMER USE ONLY

**PAYMENT BY ACCOUNT**  
 Express Mail Corporate Acct. No. ☐ **WAIVER OF SIGNATURE (Domestic Mail Only)**  
 Additional merchandise insurance is void if customer requests waiver of signature.  
 I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or  
 Postal Service Acct. No.

**NO DELIVERY**  
☐ Weekend ☐ Holiday ☐ Mailer Signature

FROM: (PLEASE PRINT)

PHONE ( )

GEROW D. BRILL  
 20 OAKMONT CIR.  
 NEW FREEDOM, PA 17349

TO: (PLEASE PRINT)

PHONE ( )

AMENDMENT AFTER FINAL  
 COMMISSIONER FOR PATENTS  
 PO 1450  
 ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

22313+1450

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

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Call 1-800-222-1811



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